

Central Florida Orchid Society Membership Form

** Fiscal year for the society is January 1 to December 31 **

~~Information in **BOLD** is required.~~

Date Received: _____
Cash/ CC / Check#: _____
Amount: _____
Zettle Rec# & Time: _____

Please check **one**: (Single dues=\$30; Joint dues=\$45)

New Member Renewal Update Personal Info

Member1: _____ *Member2: _____

**Please note 2nd member info on the back of this form, as needed.*

Address: _____

City: _____ State: _____ Zip: _____

Cell #: _____ Other Phone #: _____

Email1: _____

An email address is needed in order to receive monthly Newsletters & other communications from CFOS leadership.

Email2: _____



Please help us with a few facts:

Occupation; Special skill sets: _____ Year you joined CFOS: _____

Hobbies & interests other than orchids: _____

Birthday (Month/Day): _____ Member2 Birthday: _____ Anniversary: _____

Genus of orchid you're most interested in:

-Bulbophyllum	-Cattleya	-Cymbidium
-Dendrobium	-Oncidium	-Paphiopedilum
-Phalaenopsis	-Species	-Vanda
-Other: _____		

Seventy-five plus years of experience has taught us that an organization is as good as the participation of its members. All committees are set up with an eye to teaching new members as needed. 🙏 Please consider carefully and select several of the following:

I am interested, would like to serve on a committee (Circle choices)

-Spring Orchid Show -Fall Auction -Out-of-town Shows
-Special Events -Refreshment Service at Meetings -Membership Services

I am interested in learning about (Circle choices)

-Special Studies -Cultural Studies -Leadership Opportunities

How did you hear about Central Florida Orchid Society? _____

Some locations you may have seen us are: Facebook; Krull-Smith; Orchids in Bloom; Nat'l Guard Armory; Leu Gardens

Bring this with you to a **General Meeting, at 7pm Leu Gardens on the 2nd Monday each month.**
Or, email this completed form to Sheila Coburn, Membership Chair, at membership@cflorchidsociety.org